

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="font-size: 1.5em; font-family: cursive;">09/253638</div>	<small>FILING DATE</small>					
							<small>APPLICANT(S)</small>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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41							91						
42							92						
43							93						
44							94						
45													
46													
47													
48													
49													
50													
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	15						TOTAL DEP.						
TOTAL CLAIMS	17						TOTAL CLAIMS						